

BAR TO REENLISTMENT CERTIFICATE For use of this form, see AR 601-280; the proponent agency is ODCSPER			1. DATE
2. THRU <i>(Include ZIP Code)</i>	3. TO <i>(Include ZIP Code)</i>	4. FROM <i>(Include ZIP Code)</i>	
SECTION I - COMMANDER'S RECOMMENDATION Under the provisions of Chapter 8, AR 601-280, I recommend the soldier named below be barred from reenlistment in the United States Army for reasons indicated in Item(s) 11 through 14 as may be applicable. Prior to submission of this recommendation, the soldier was counseled by the undersigned about his undesirable traits which are the basis for this action. The soldier has been counseled and advised of the adverse consequences that may ensue from this or similar action.			
5. NAME <i>(Last, First, Middle)</i>		6. SSN	7. RANK
8. ETS	9. DEROS	10. TOTAL ACTIVE SERVICE COMPUTED FROM BASD TO DATE OF BAR INITIATION _____ YEARS _____ MONTHS _____ DAYS	
11. RECORD OF COURT MARTIAL CONVICTIONS <i>(Indicate date adjudicated and approved, type, offense, sentence)</i>			
12. RECORD OF NON-JUDICIAL PUNISHMENT <i>(Article 15)(Indicate date, specific offense, sentence and article)</i>			
13. RECORD OF NON-PAYMENT OF JUST DEBTS <i>(Indicate dates of letters of indebtedness, counseling, and results)</i>			
14. OTHER FACTUAL AND RELEVANT INDICATORS OF UNTRAINABILITY OR UNSUITABILITY			
15. TYPED NAME, RANK AND BRANCH OF COMMANDER		16. SIGNATURE	

SECTION II - SOLDIER'S REVIEW *(Check and initial as appropriate)*

- ☐ _____ 1. I have been furnished a copy of my Commander's recommendation *(Sec 1)* to bar me from further reenlistment.
- ☐ _____ 2. I have been counseled and advised of the basis for this action.
- ☐ _____ 3. I ☐ do ☐ do not desire to submit a statement in my own behalf. *(If applicable, make statement - use continuation sheet if required.)*

☐ 4. See attached continuation statement *(if applicable)*

5. TYPED NAME AND RANK OF SOLDIER

6. SSN

7. SIGNATURE

8. DATE

SECTION III - BATTALION OR NEXT HIGHER COMMAND

1. TO *(Include ZIP Code)*

2. FROM *(Include ZIP Code)*

3. I have reviewed Sections I and II and

- ☐ a. Recommend the soldier be barred from reenlistment.
- ☐ b. The bar certificate is disapproved.
- ☐ c. The bar certificate is approved. The unit commander will officially counsel the soldier in writing on the implications of this action and the soldier's right to appeal. After counseling, one copy will be provided to the soldier and the original will be forwarded to the servicing PSB for posting filing in the soldier's MPRJ.

4. TYPED NAME AND RANK OF COMMANDER

5. SSN

6. SIGNATURE

7. DATE

SECTION IV - COUNSELING

1. The Bar to Reenlistment initiated against you was approved on _____.
2. You have the right to appeal the imposition of the Bar to Reenlistment. If you elect to appeal you must submit the appeal within 7 days from today.
3. Check and initial the appropriate block to indicate your option:
- ☐ _____ a. I will appeal the Bar to Reenlistment. ☐ _____ b. I will not appeal the Bar to Reenlistment.

4. TYPED NAME AND RANK OF SOLDIER

5. SIGNATURE OF SOLDIER

6. DATE

7. TYPED NAME AND RANK OF COMMANDER

8. SIGNATURE OF COMMANDER

9. DATE